

FIG. 1A

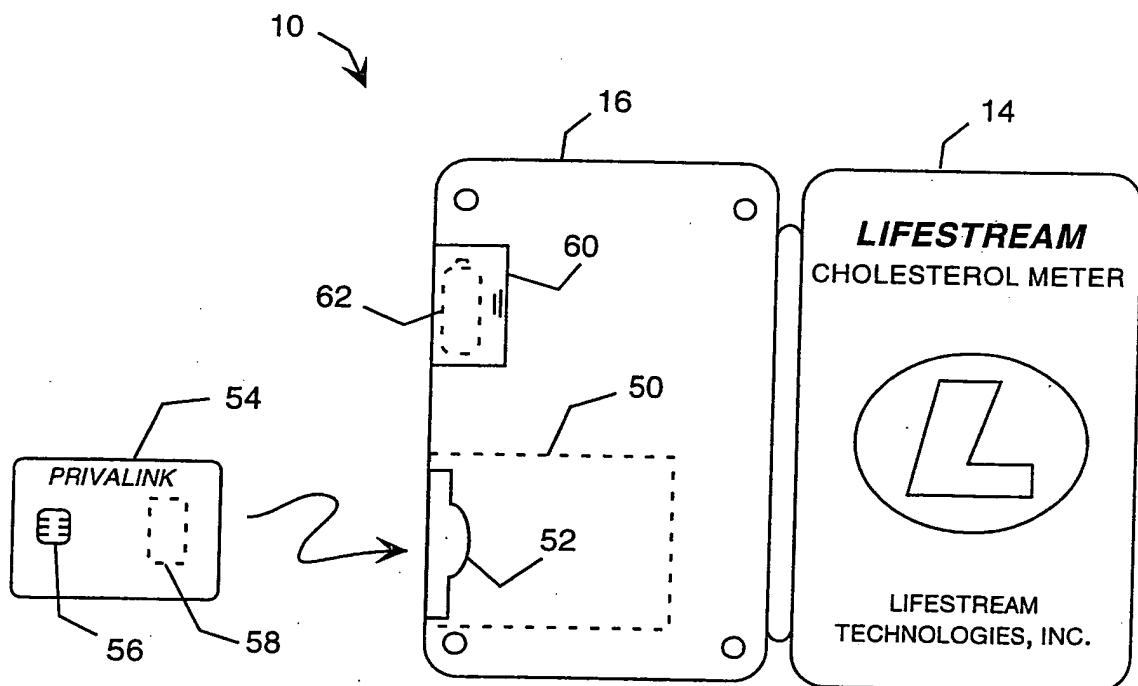


FIG. 1B

PERSONAL HEALTH REPORT . . . 112

- PERSONAL TREND ANALYSIS
- BLOOD LIPID LEVELS
- BLOOD GLUCOSE LEVELS

- DRUG AND LIFESTYLE THERAPY

- PRESCRIPTION DRUG DATA SHEET
- DRUG CROSS REACTIONS
- RECOMMENDED WEIGHT LOSS
- DIET AND EXERCISE RECOMMENDATIONS

- HEALTH ASSESSMENT

- BIOLOGICAL AGE
- RISK OF HEART ATTACK
- RISK OF STROKE

- EDUCATIONAL INFORMATION

- CORONARY RISK FACTORS
- DIETARY GUIDES TO LOWER CHOLESTEROL
- DIABETES AND CANCER INFORMATION

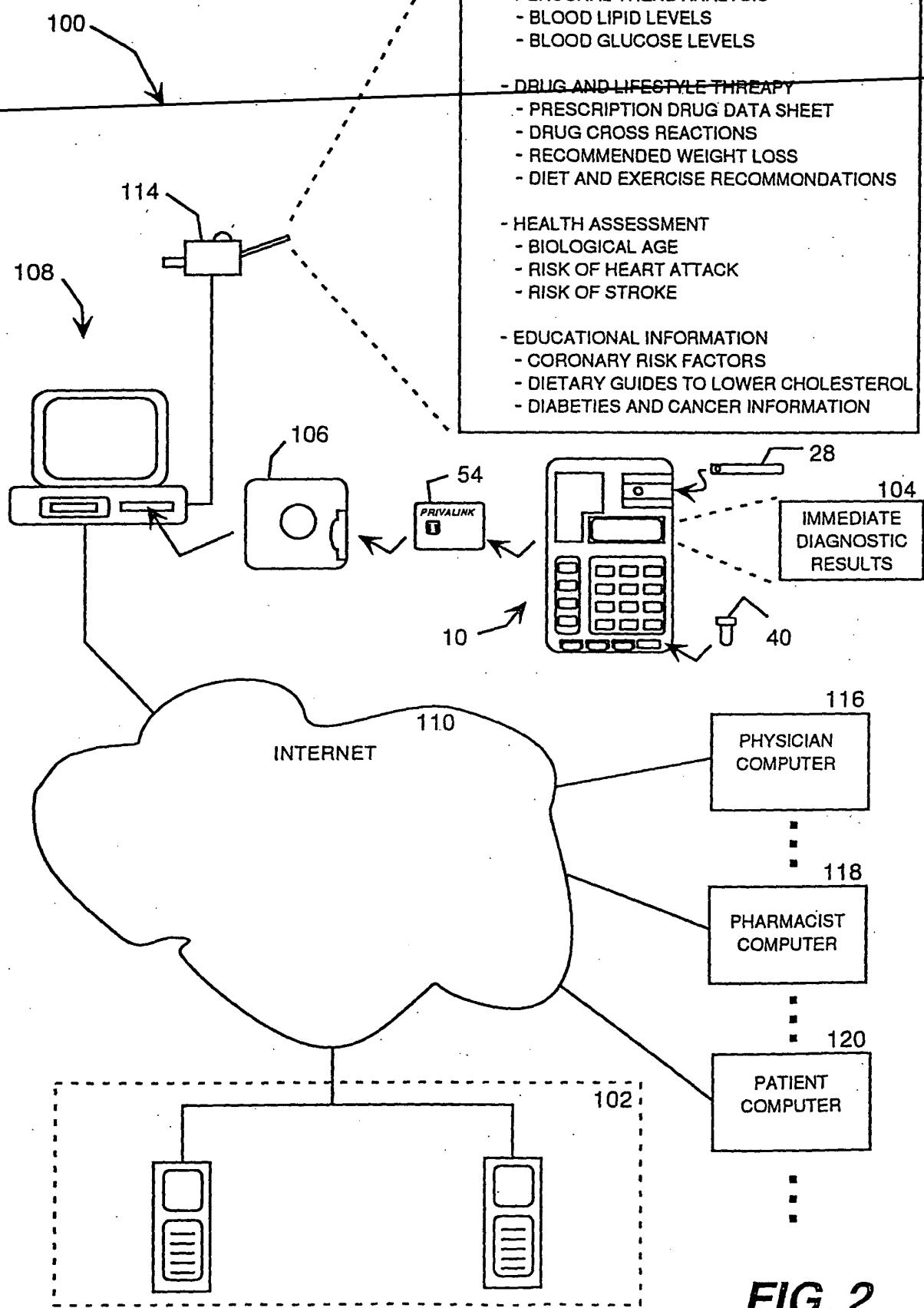
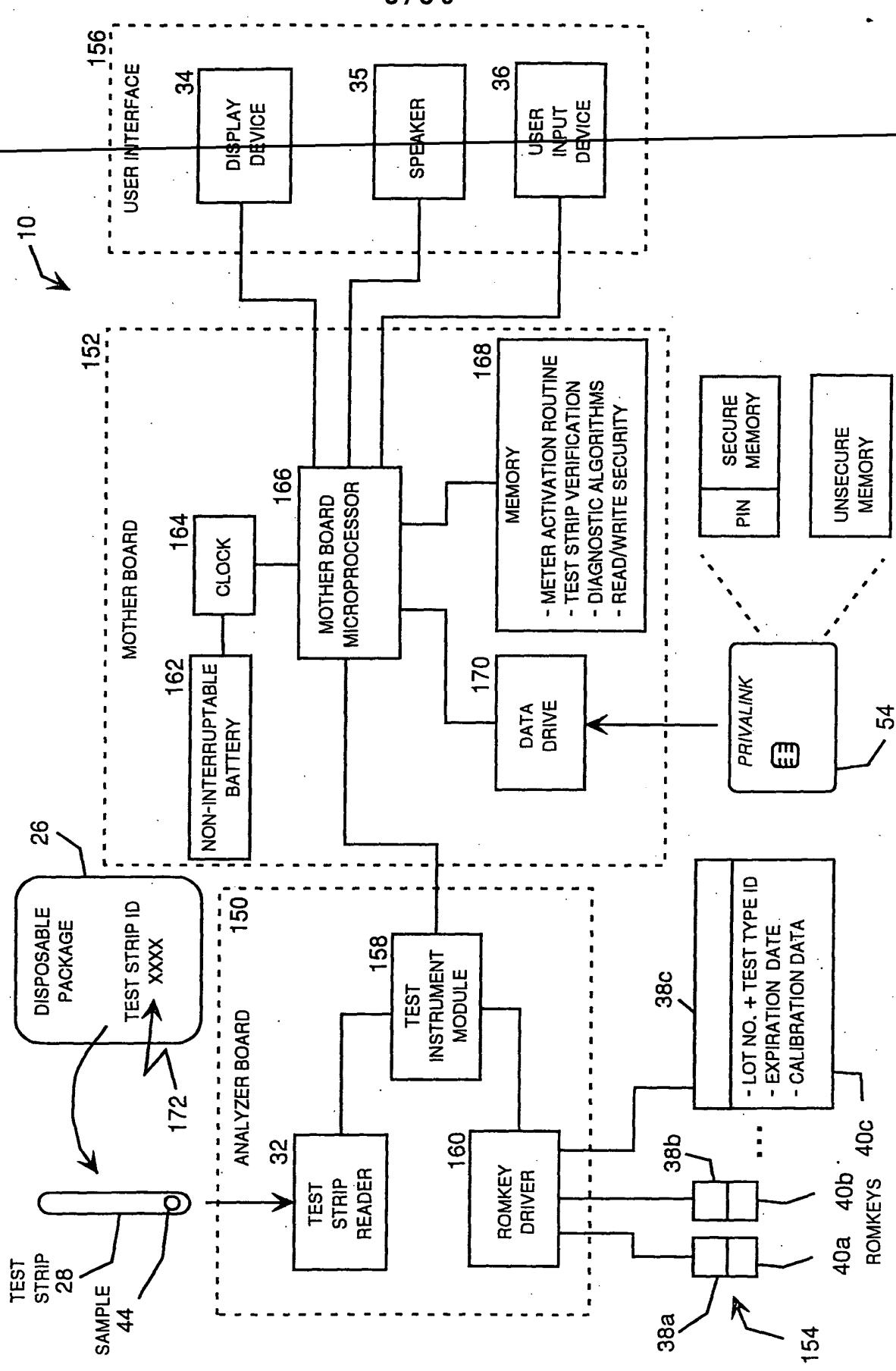


FIG. 2

FIG. 3



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METER
ACTIVATION
ROUTINE
400

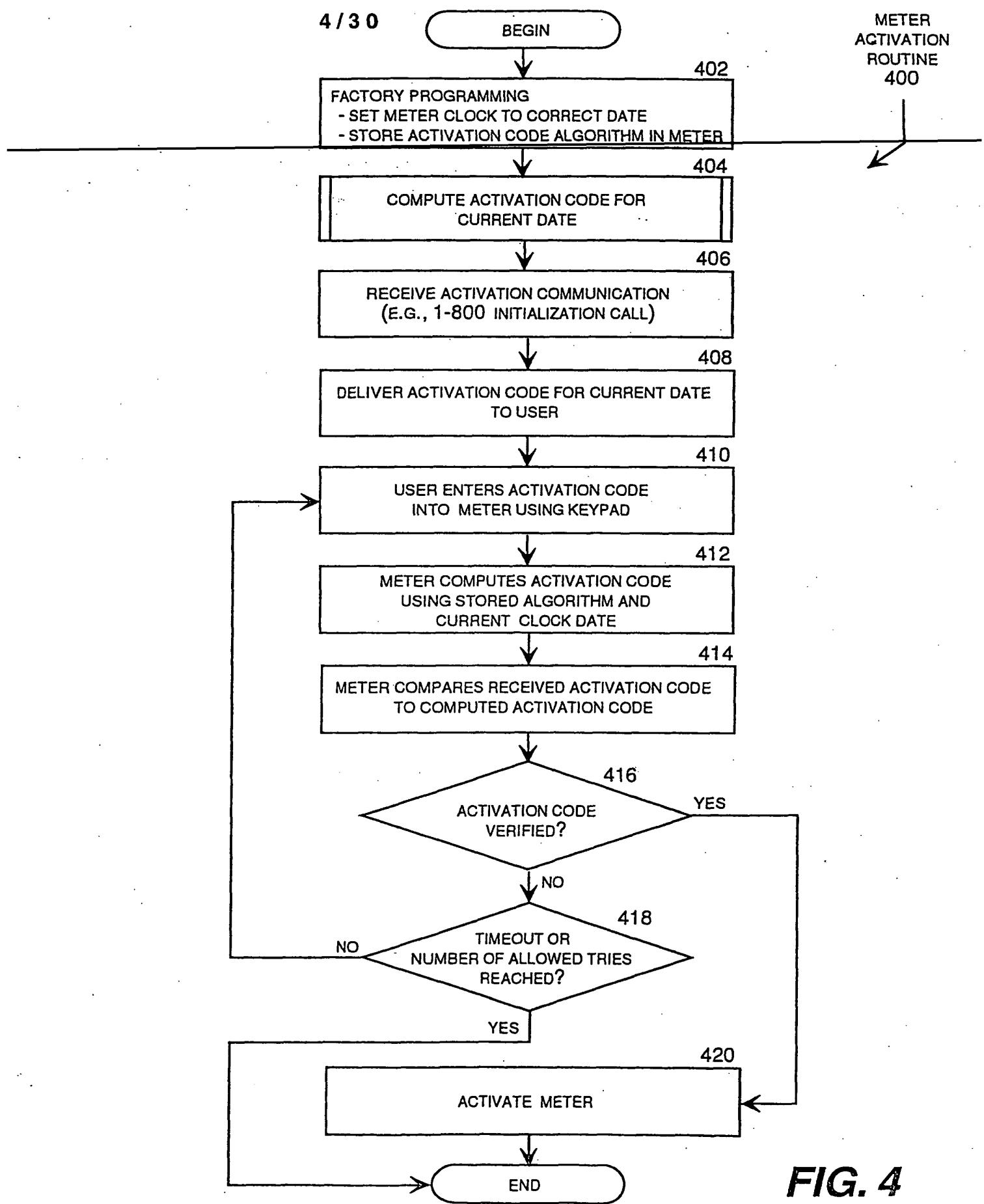


FIG. 4

COMPUTE
ACTIVATION CODE
ROUTINE
404

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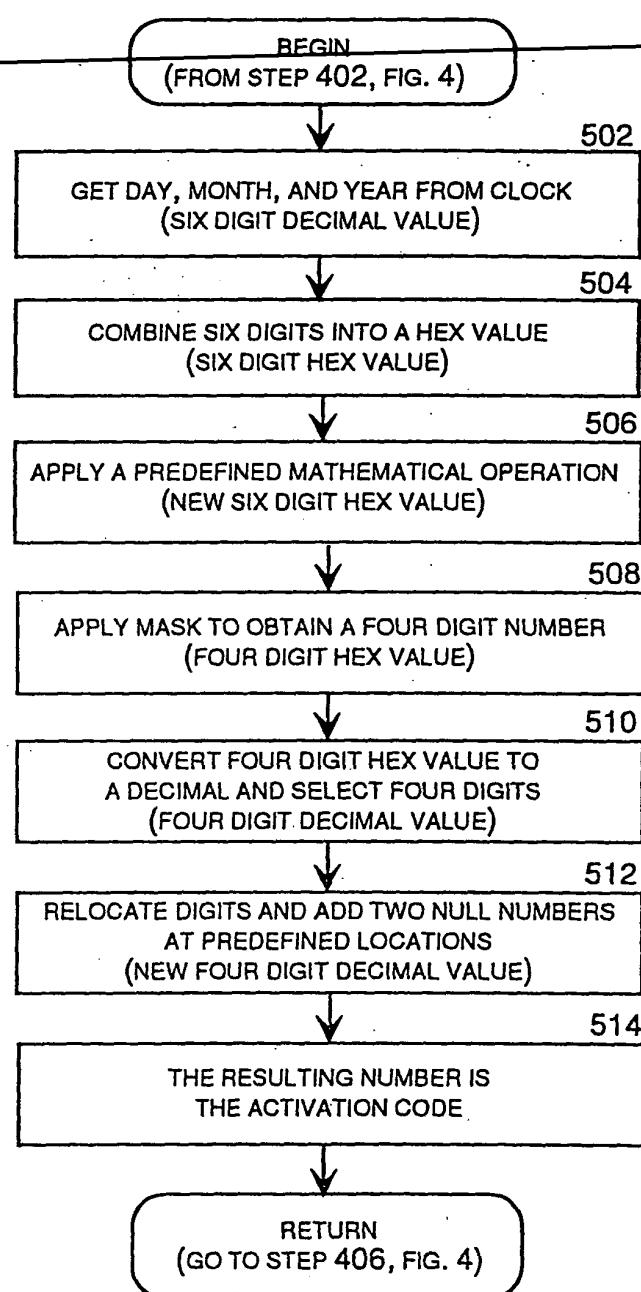
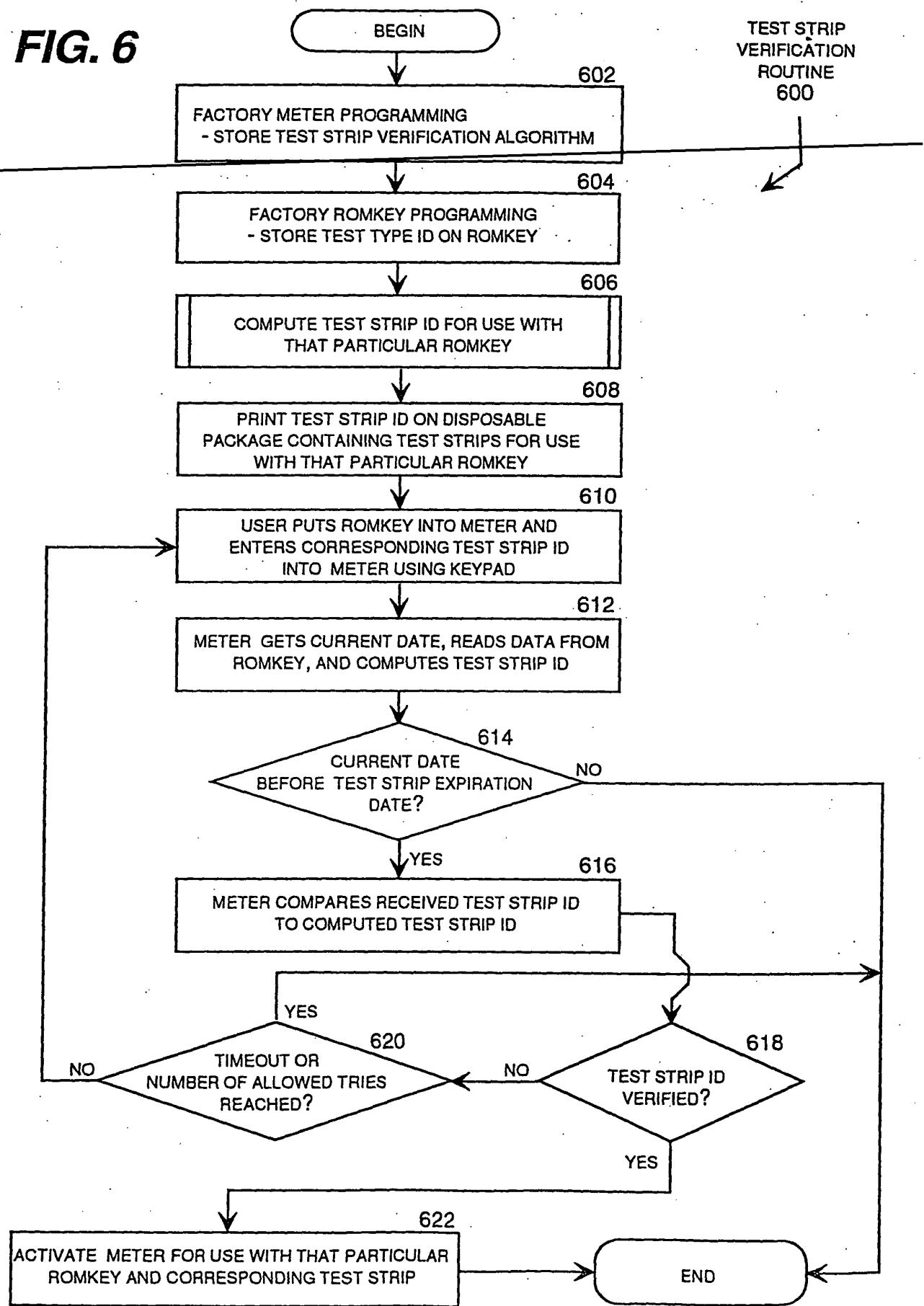


FIG. 5

FIG. 6

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COMPUTE
TEST STRIP ID
ROUTINE
606

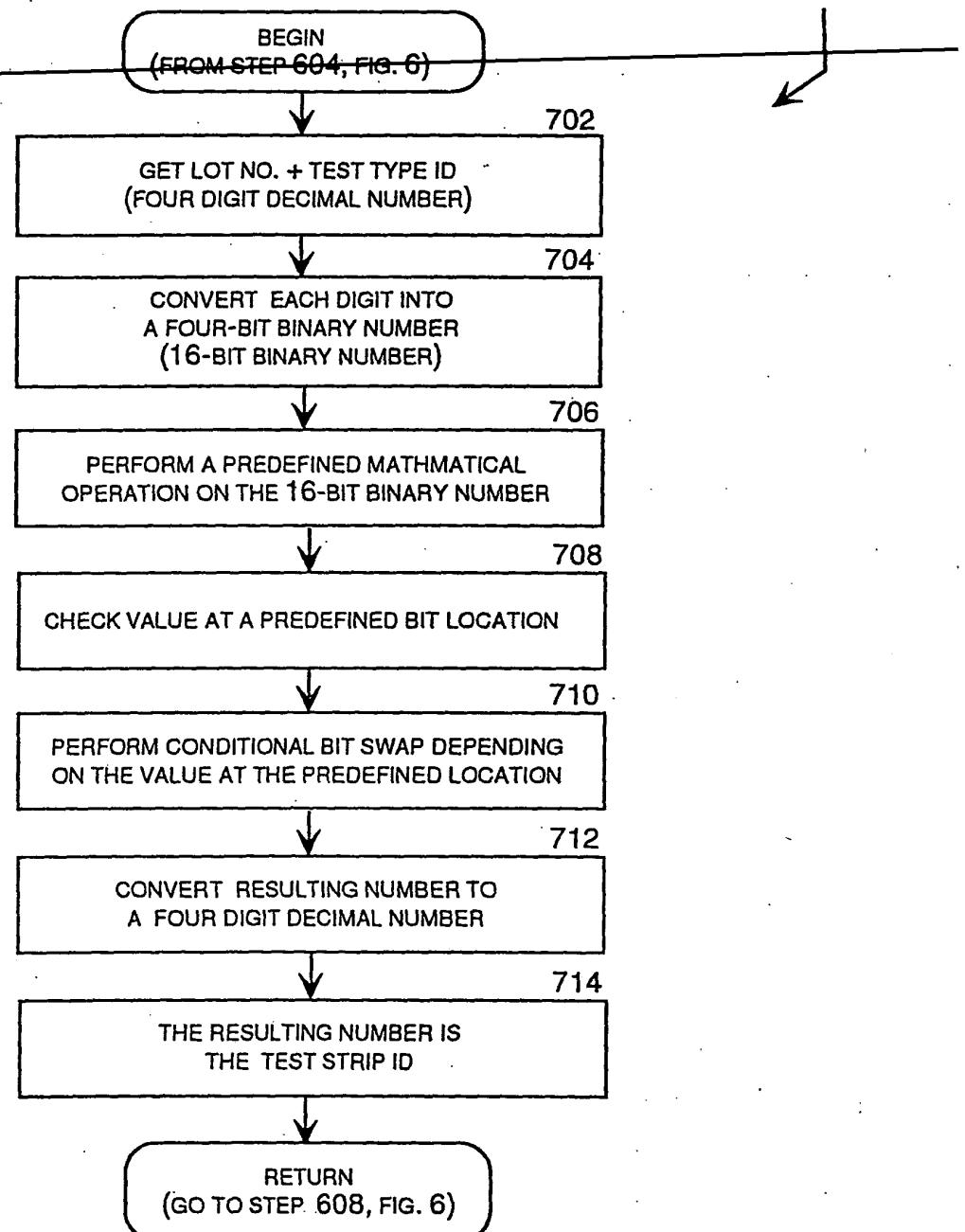
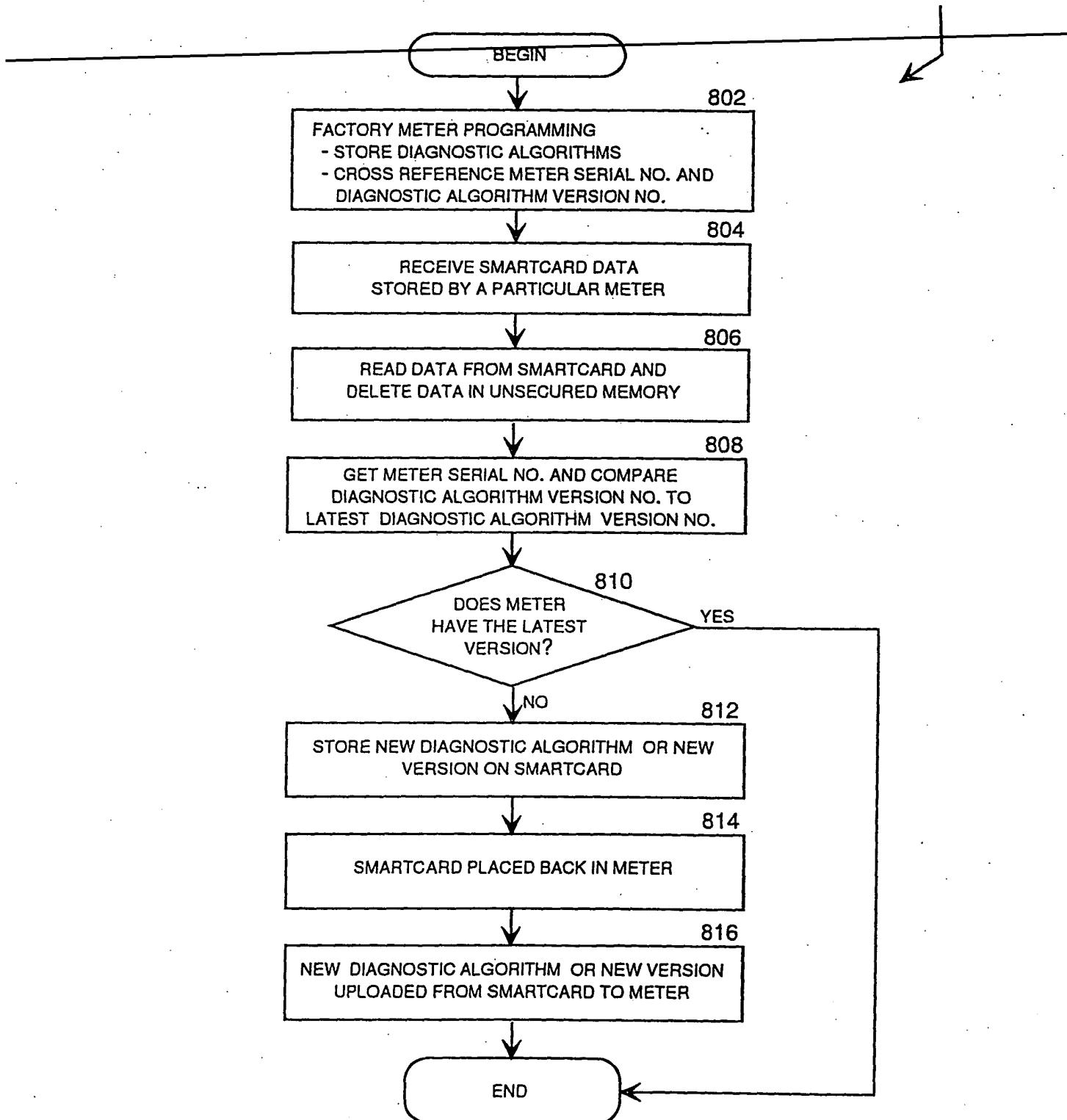
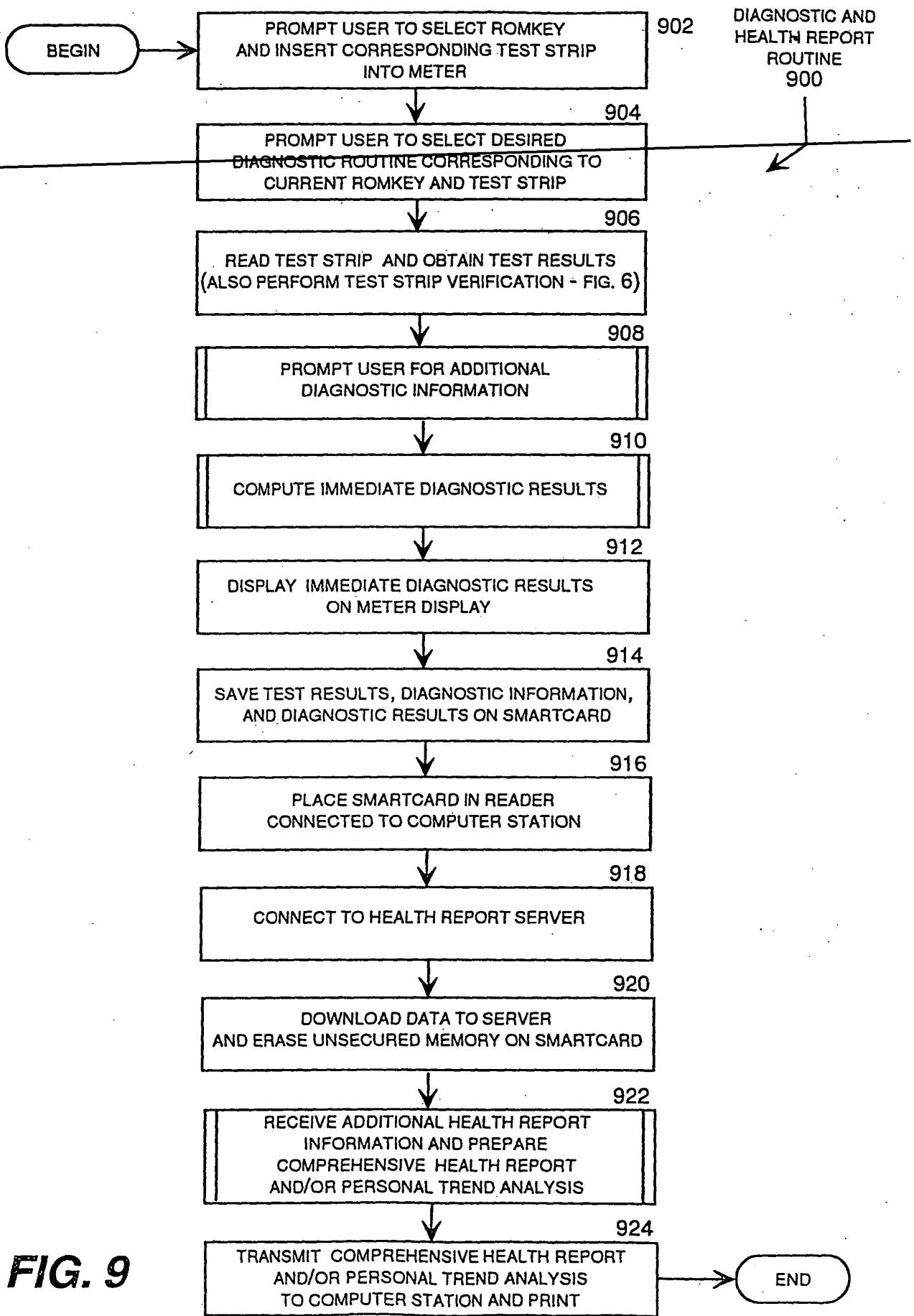


FIG. 7

DIAGNOSTIC
PROGRAMMING
ROUTINE
800



**FIG. 9**

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BEGIN
(FROM STEP 906, FIG. 9)

EXAMPLE
CHOLESTEROL
ROUTINE
908

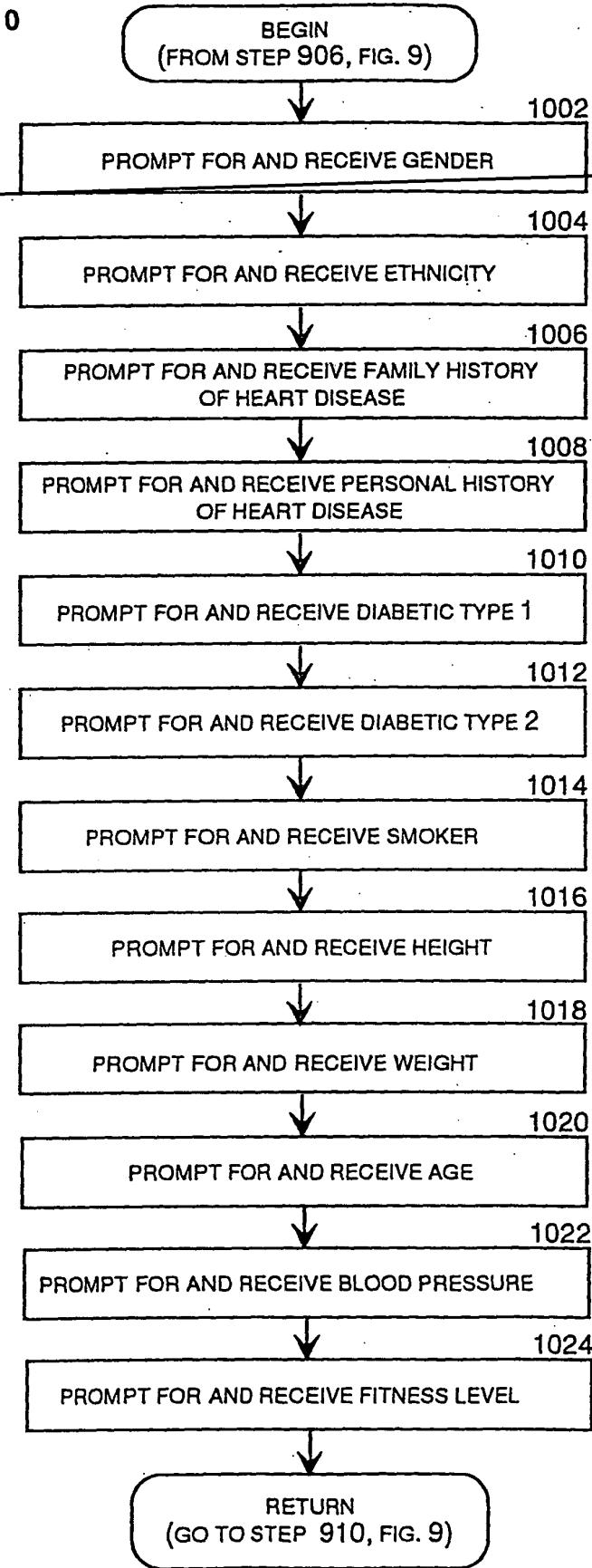


FIG. 10

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EXAMPLE
CHOLESTEROL
ROUTINE
910

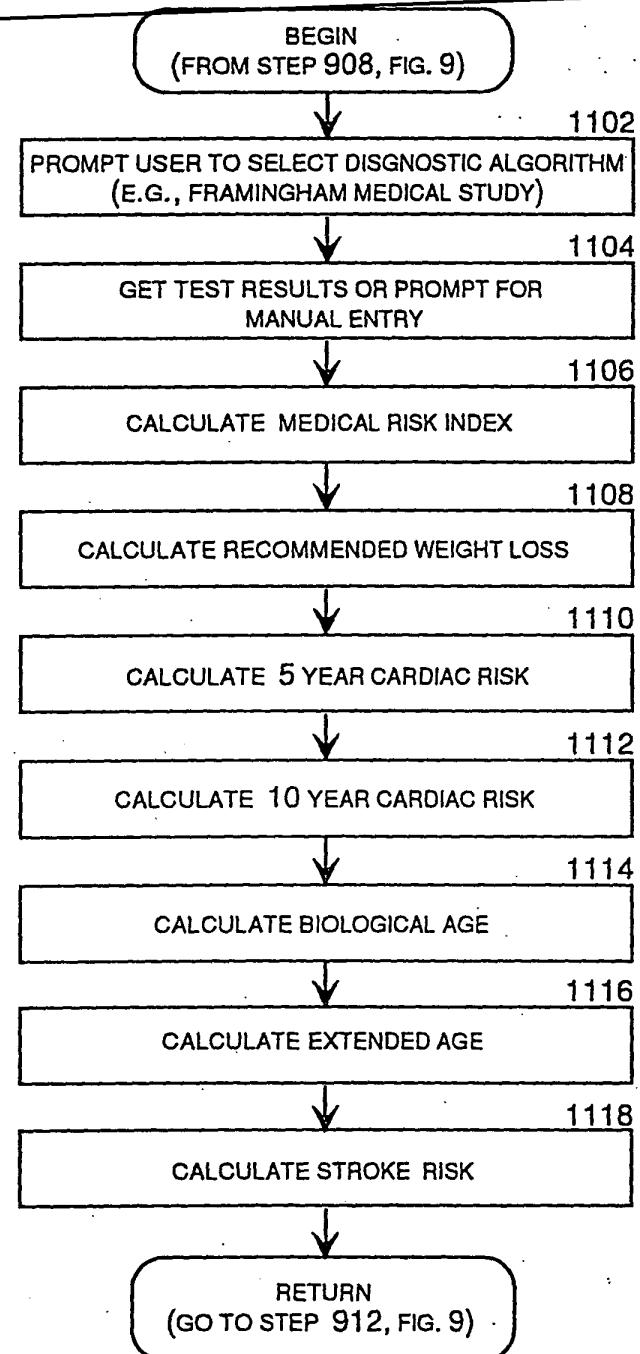


FIG. 11

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EXAMPLE
CHOLESTEROL
ROUTINE
922

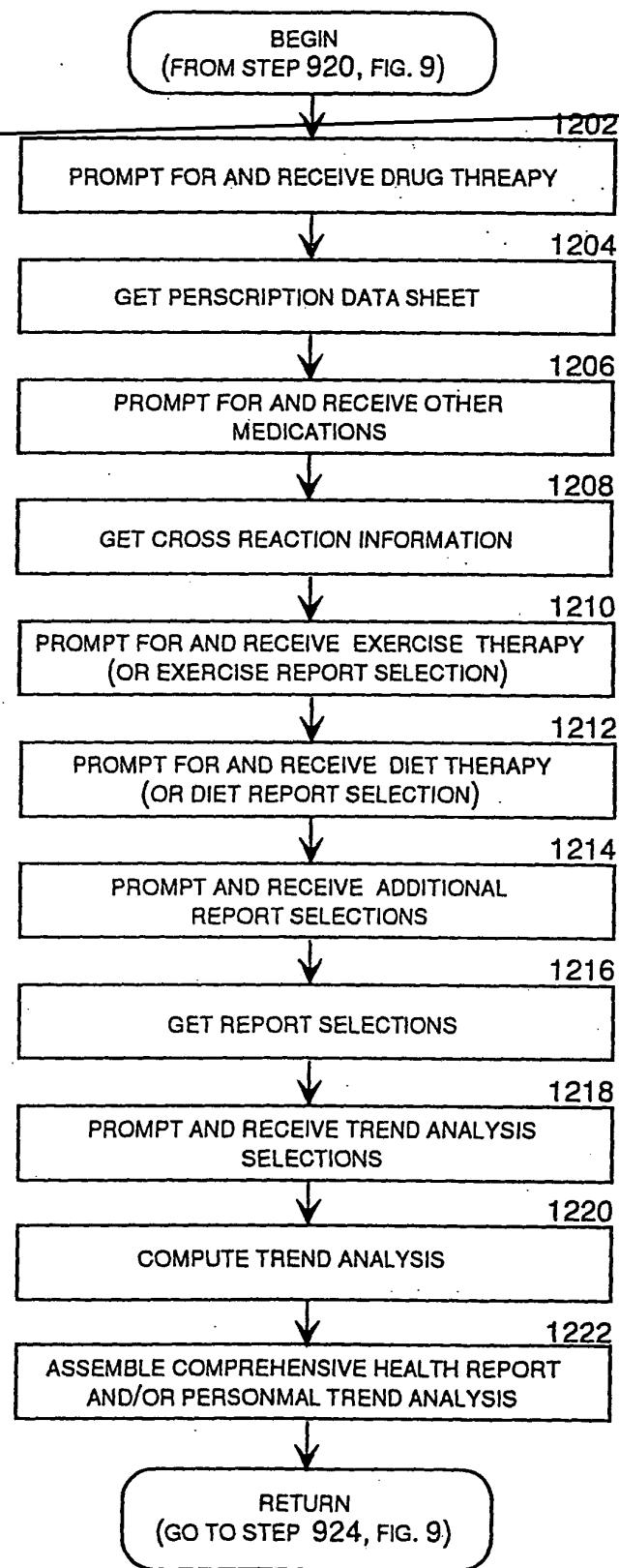


FIG. 12

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READ/WRITE
SECURITY
ROUTINE
1300

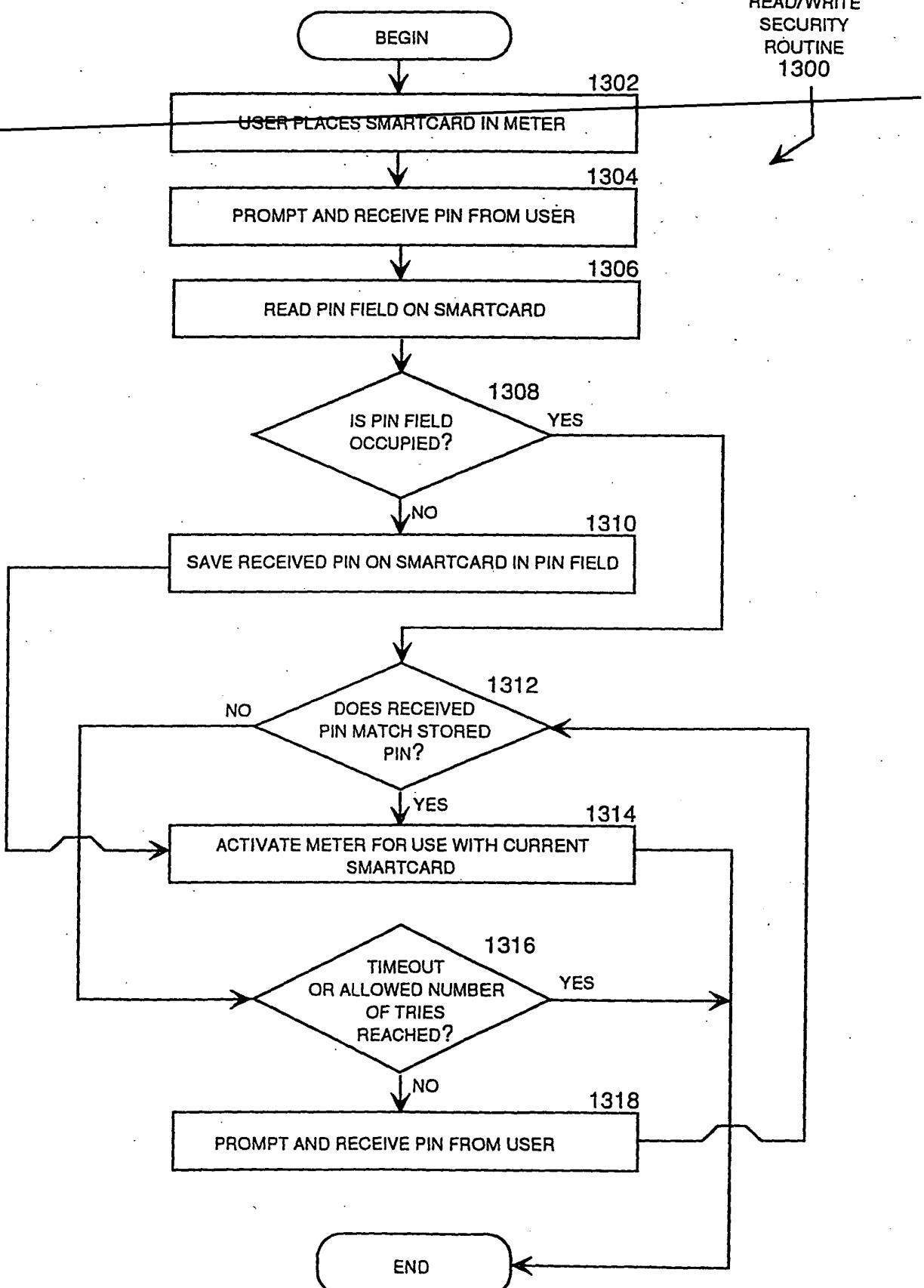


FIG. 13

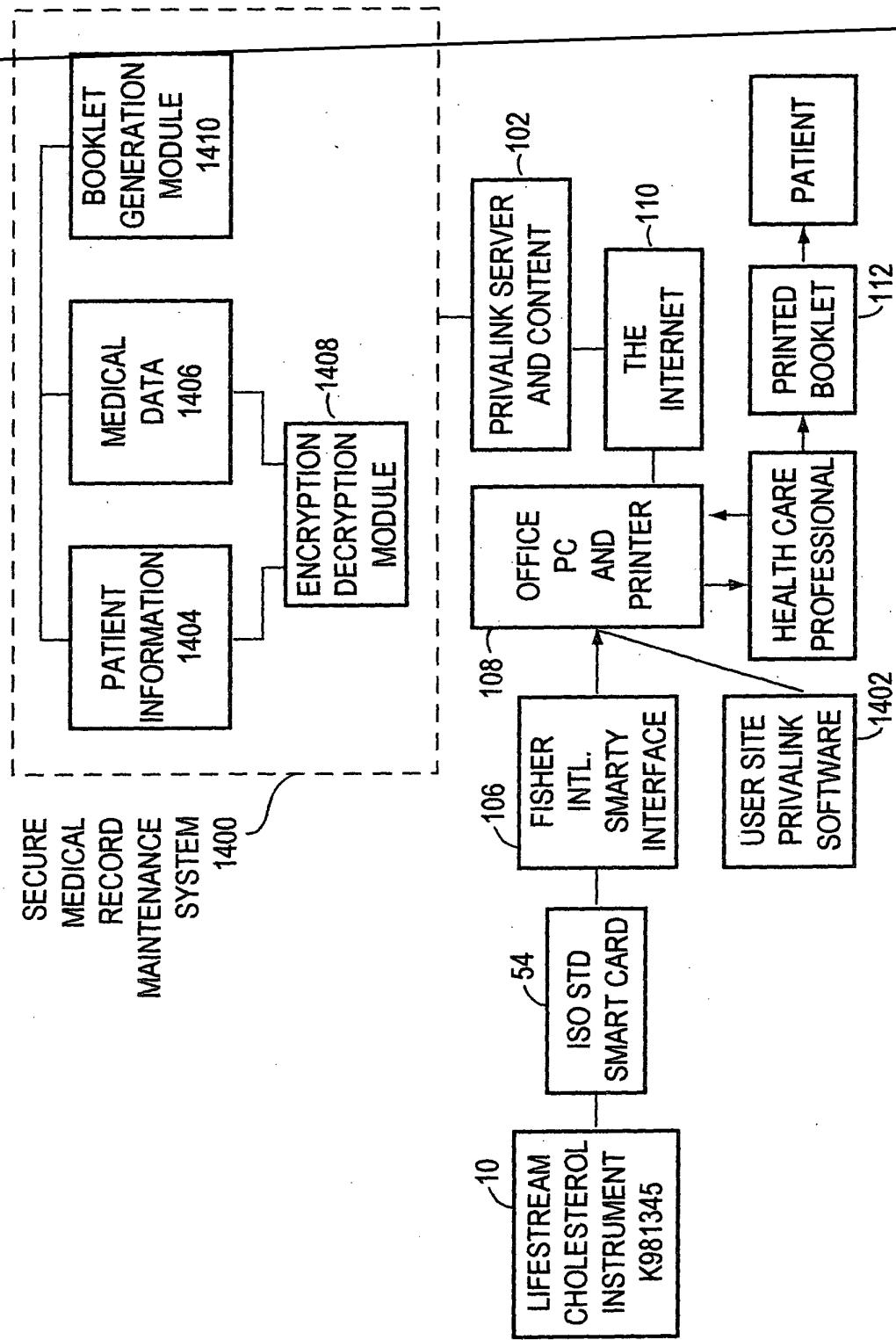


FIG. 14

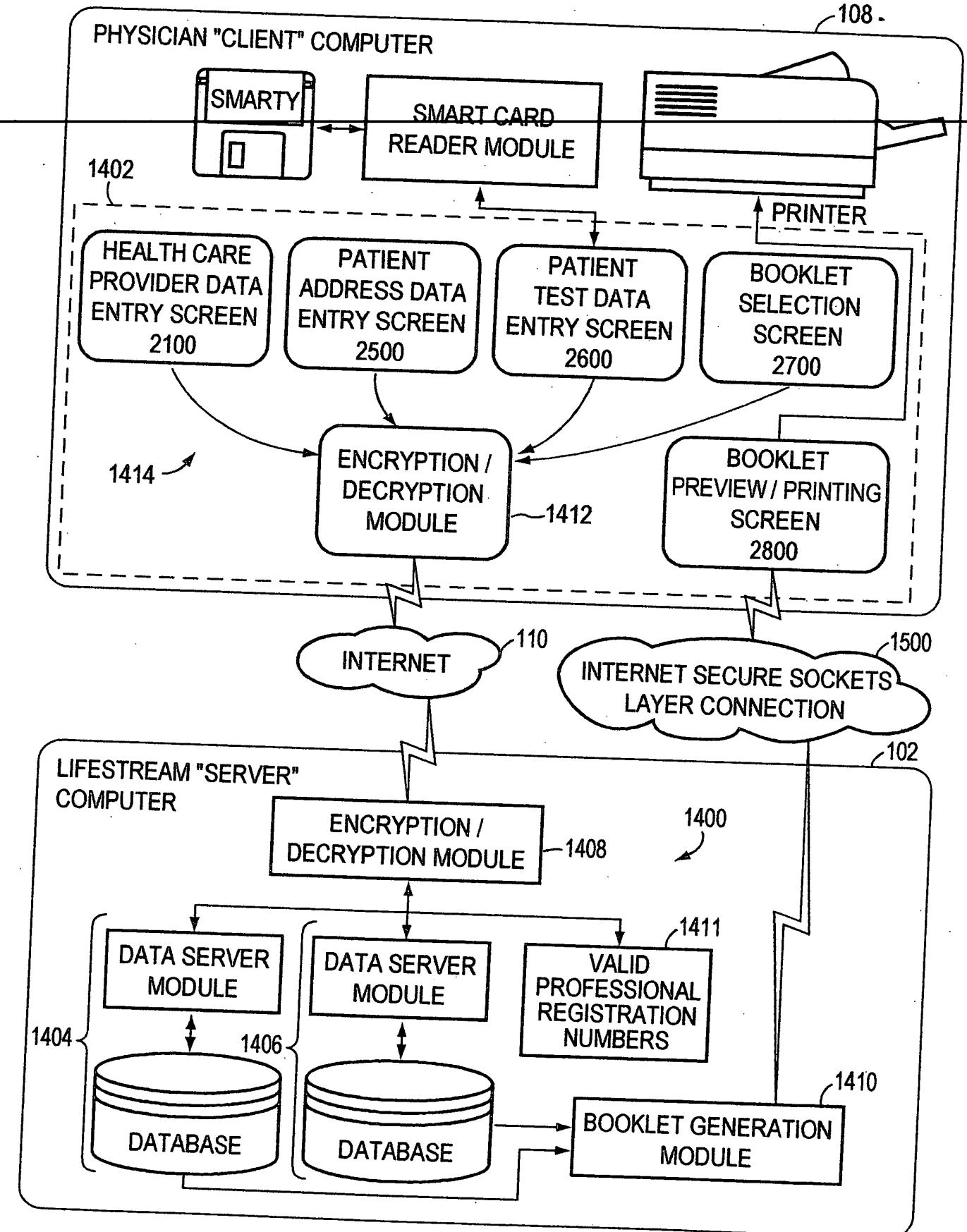


FIG. 15

GLOBAL SYSTEM HARDWARE PICTORIAL

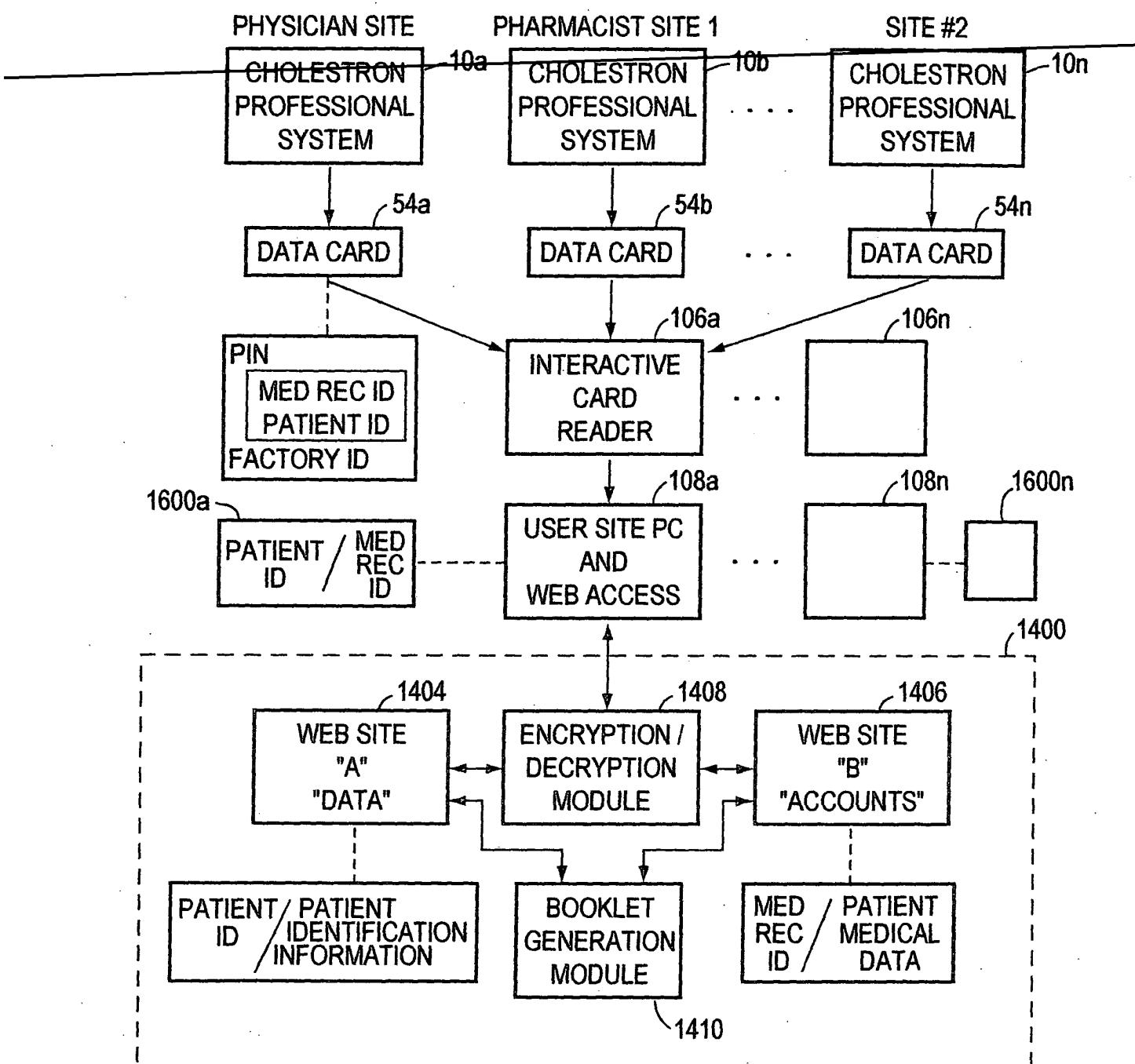


FIG. 16

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CLIENT
ACCESS
ROUTINE
1700

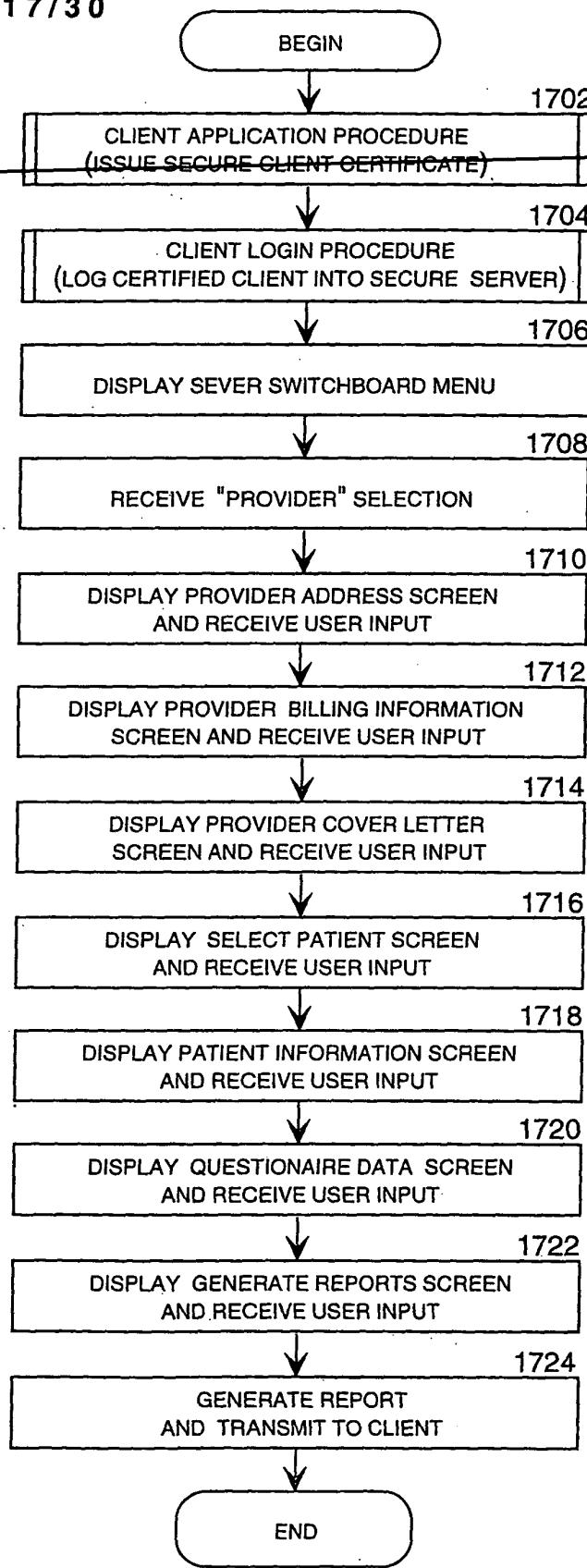


FIG. 17

CLIENT
APPLICATION
ROUTINE
1702

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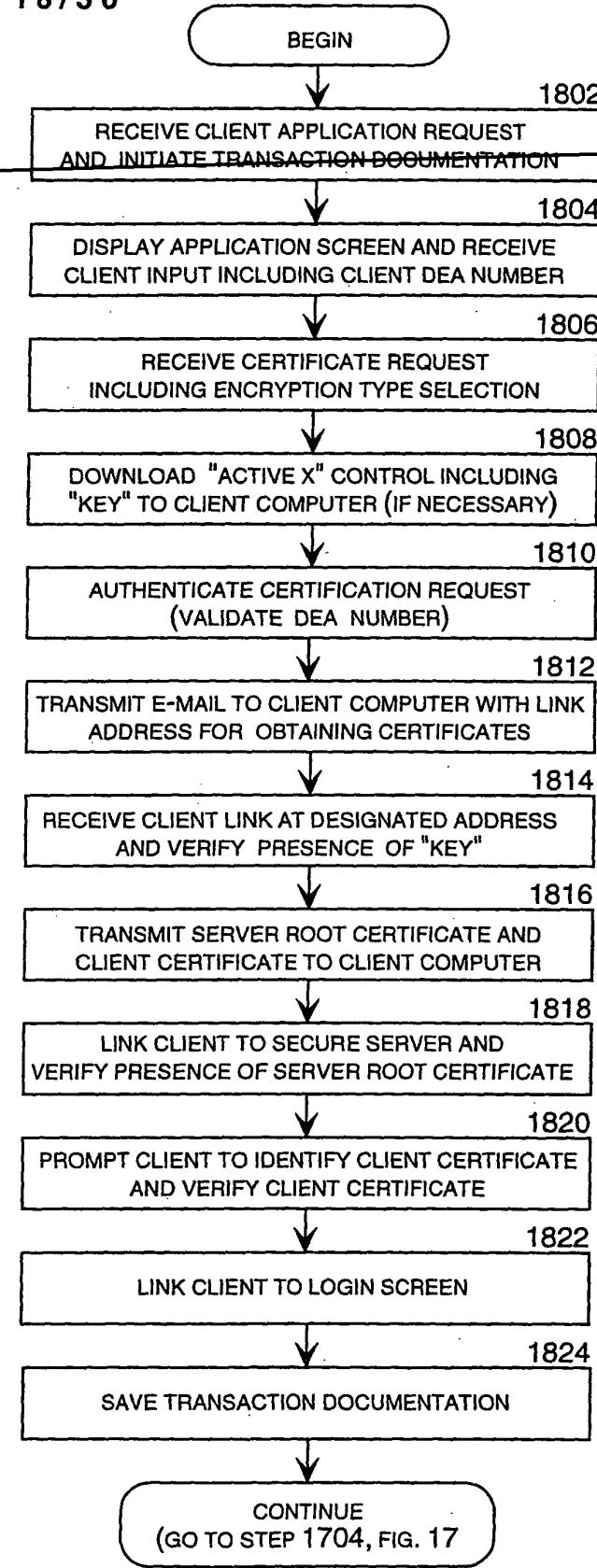


FIG. 18

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CLIENT
LOGIN ROUTINE
1704

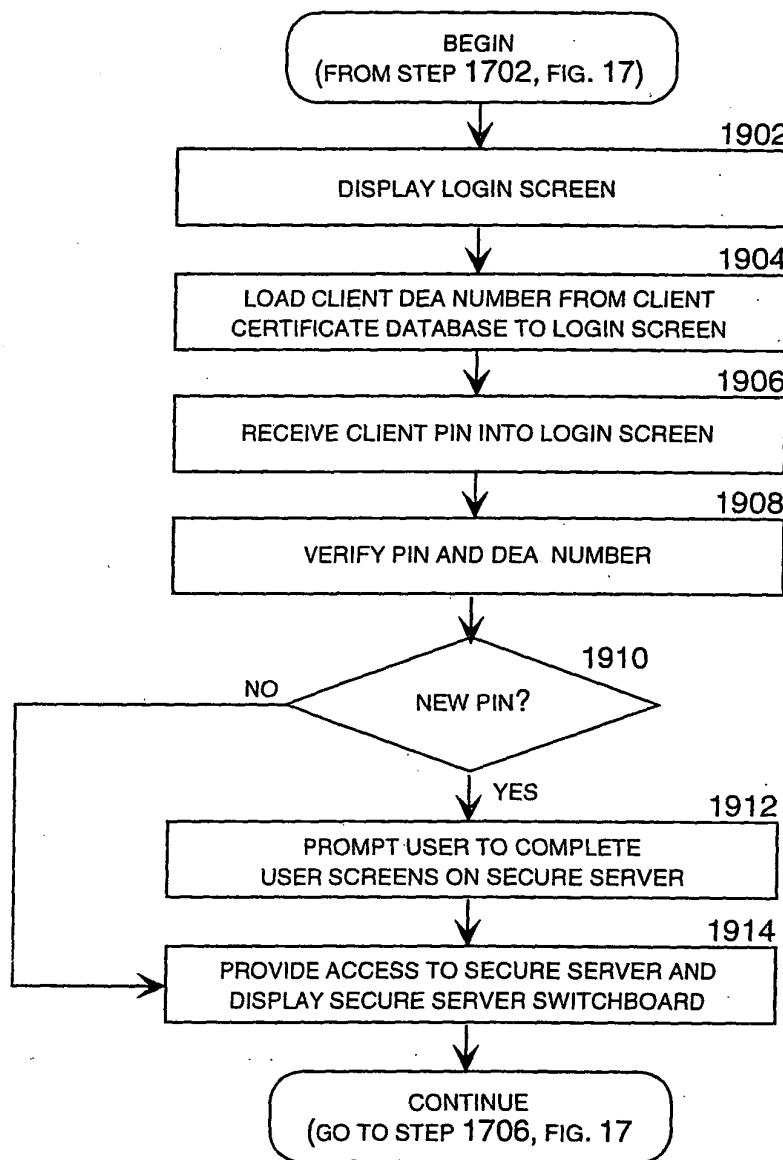


FIG. 19

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INITIAL INPUT SELECTION

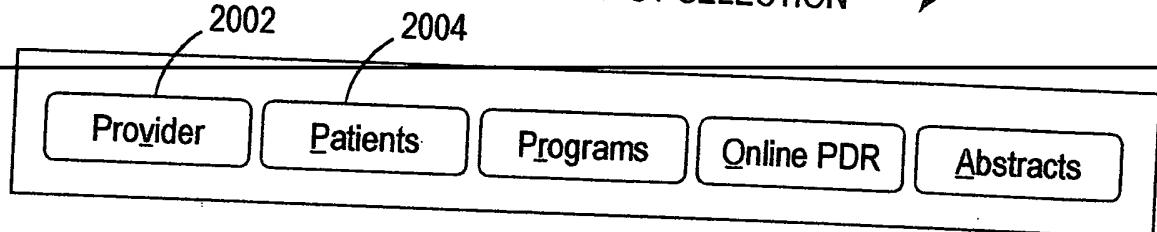


FIG. 20

BILLING MODULE

The Billing Module form includes the following fields:

- Address, Billing Info, Cover Letter tabs at the top.
- Account section: Provider Number (XX1234567), PIN (****).
- Name section: Title (Lifestream), First (Lifestream), Last (Technologies), Degree.
- Address section: Street Address (510 Clearwater Loop), Suite 101.
- City, State/Region, Postal Code: Post Falls, ID, 83854.
- Country: United States.
- Other section: Phone ((208) 457-9409), Fax ((509) 457-9509), Birthdate (1/1/60), E-mail (sales@lifestreamtech.com).

On the right side, there is a table titled "Associate PIN Numbers" with two rows:

First Name	Last Name
Jane	Worker
Joe	Worker

Buttons for Add, Modify, and Delete are located below the table. A Notes area with a large text box is also present. At the bottom right is a Save button with a disk icon.

Handwritten numbers are placed around the form:
2102 points to the left edge of the form.
2106 points to the Provider Number field.
2108 points to the First Name field.
2110 points to the Last Name field.
2104 points to the PIN field.
2100 points to the Add button.

Below the form, the text 1.0.3.4 is written.

FIG. 21

21/30

210o

2200

2202

Address Billing Info Cover Letter

Billing Method Credit Card ▾

Credit Card Information

Credit Card Number Expiration Date

Name on card

Checking Account Information

Checking Account Routing Number

 Save

FIG. 22

22/30

2110

Address

Billing Info

Cover Letter

From the Office of Lifestream Technologies
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854
Phone: (208) 457-9409 Fax: (208) 457-9509

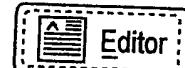
~Data~

~Pt.Name~

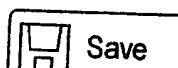
~Pt.Address~

~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,



Editor



Save

FIG. 23

23/30

2400

1.0.253

Select an existing patient or add a new patient

Select Existing Patient
 Add New Patient

 Read SmartCard

Administrative

 Backup  Recreate Card

 Restore  Quick List

 Next

FIG. 24

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2500

Patient Information

Account File Number <input type="text" value="123"/>	Entry Date <input type="text" value="11/24/98"/>	Other Phone <input type="text" value="(509) 555-1212"/>	Fax <input type="text"/>
Name First <input type="text" value="Jill"/>	Last <input type="text" value="Smith"/>	Birthdate <input type="text" value="1/1/50"/>	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
Address Street Address <input type="text" value="110 Main"/>	City <input type="text" value="Spokane"/>	State/Region <input type="text" value="WA"/>	Postal Code <input type="text" value="99201"/>
Country <input type="text" value="United States"/>	Language <input type="text" value="English"/>	E-mail <input type="text"/>	
<input checked="" type="checkbox"/> Include on Mailing List			
Notes <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
<div style="text-align: right;"><input type="button" value="Save"/> <input type="button" value="Previous"/> <input type="button" value="Next"/></div>			

FIG. 25

25/30

2600

+

Questionnaire Data

Patient

File Number 123	First Jill	Last Smith	Test Time Stamp 12/8/98 10:16:01AM
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Risk Components

Family History <input checked="" type="checkbox"/>	Height <input type="text" value="68"/> inches	Glucose <input type="text" value="0"/> mg/dl
Personal History <input type="checkbox"/>	Weight <input type="text" value="165"/> pounds	Body Fat <input type="text" value="24"/> %
CVD <input type="checkbox"/>	Age <input type="text" value="48"/> Years	Systolic <input type="text" value="140"/>
AF <input type="checkbox"/>	Chol <input type="text" value="215"/> mg/dl	Diastolic <input type="text" value="80"/>
LVH <input type="checkbox"/>	Tng <input type="text" value="0"/> mg/dl	Fitness <input type="text" value="Sedentary"/>
Diabetes Type 1 <input type="checkbox"/>	LDL <input type="text" value="0"/> mg/dl	Ethnicity <input type="text" value="Caucasian"/>
Diabetes Type 2 <input type="checkbox"/>	HDL <input type="text" value="0"/> mg/dl	Gender
Smoker <input checked="" type="checkbox"/>		<input type="radio"/> Male <input checked="" type="radio"/> Female

Record 1 of 1



 Read SmartCard  Save

 Previous  Next

FIG. 26

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2700

Generate Reports

Current Test		First	Last	Test Time Stamp
File Number		Jill	Smith	12/8/98 10:16:01AM
<input checked="" type="checkbox"/> Full Program	Lifestyle Therapy	None	Lipid Drug	Blood Pressure Drug
<input checked="" type="checkbox"/> Cover Letter	NCEP		None	
<input checked="" type="checkbox"/> Summary				
<input checked="" type="checkbox"/> Evaluation				
<input checked="" type="checkbox"/> Receipt				

FIG. 27

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	CORONARY RISK FACTORS	TEST RESULTS	IDEAL RANGE	GOALS
	GENDER	MALE		
IDEAL	PERSONAL HISTORY	NO	NONE	
	FAMILY HISTORY	NO	NONE	
	CVD	NO		
	AF	NO		
MODERATE	LVH	NO		
	DIABETES (TYPE 1)	YES	NONE	
	SMOKER	YES	NO	
	HEIGHT	66 in		
HIGH	WEIGHT	155 lbs		
	AGE	44		
	TOTAL CHOLESTEROL	211	< 200	
	TRIGLYCERIDES	200		
MODERATE	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
	PERCENTAGE OF BODY FAT	N/A	18%	
IDEAL	BP SYSTOLIC	115	< 120	
	BP DIASTOLIC	80	< 80	
LOW	FITNESS	MODERATE	HIGH	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5% 10 YEARS - 10%	
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

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EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28

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2900

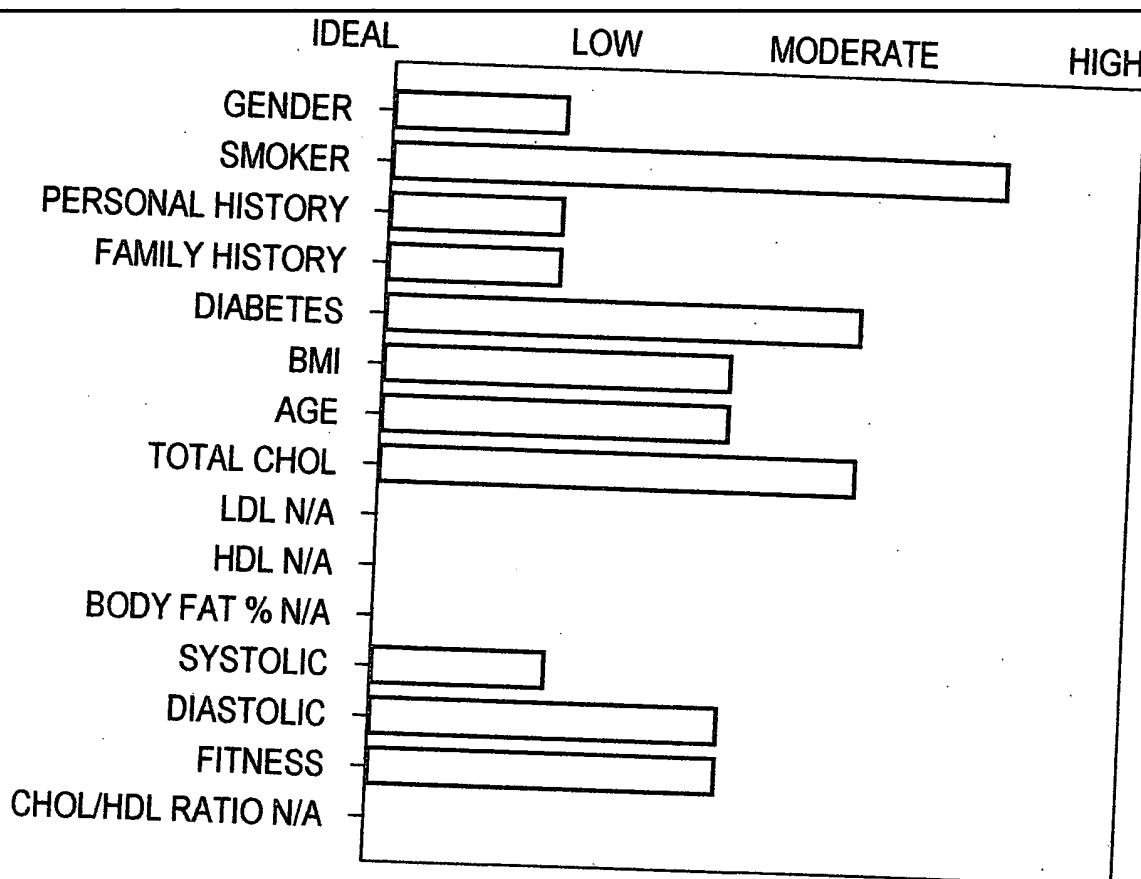


FIG. 29

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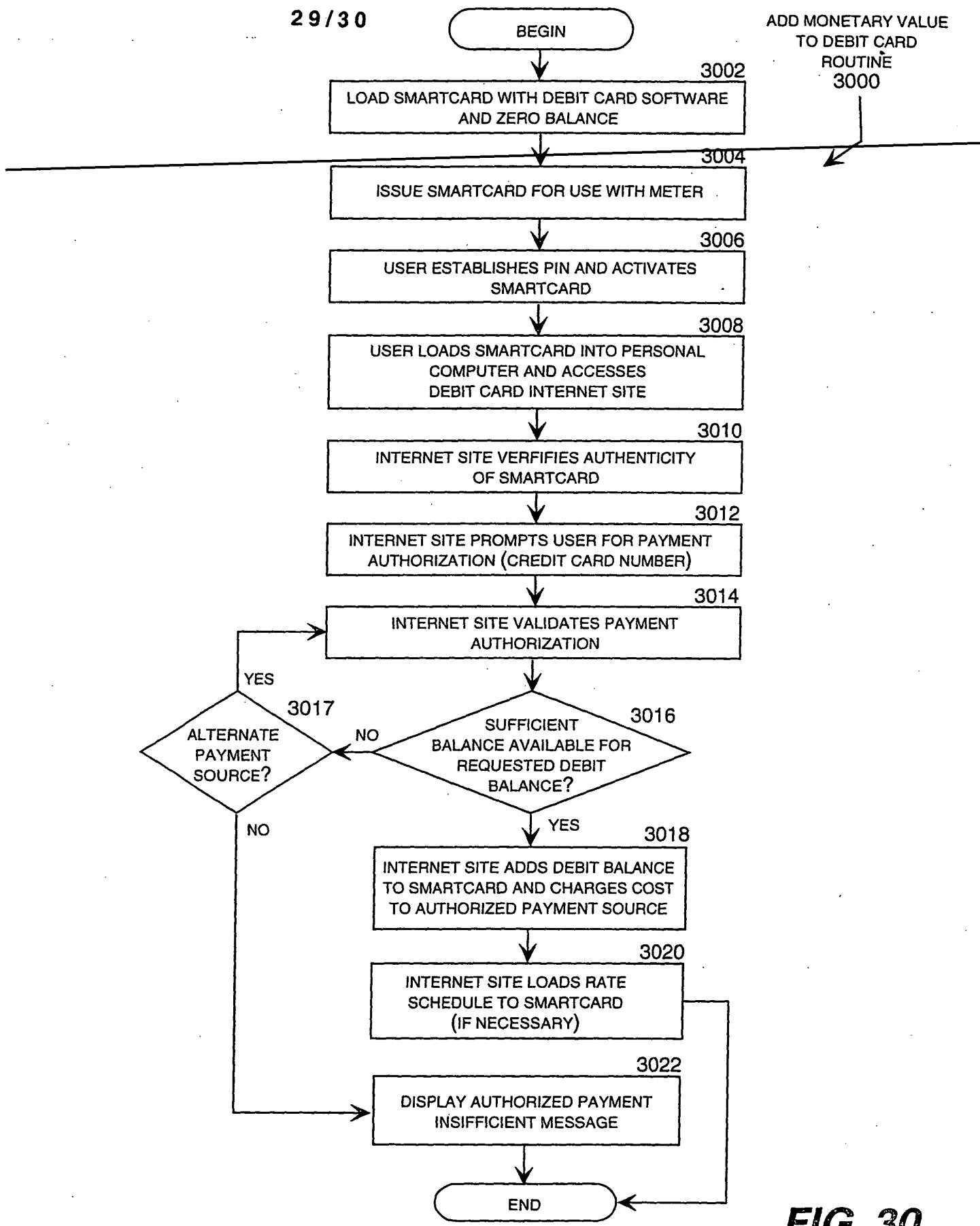
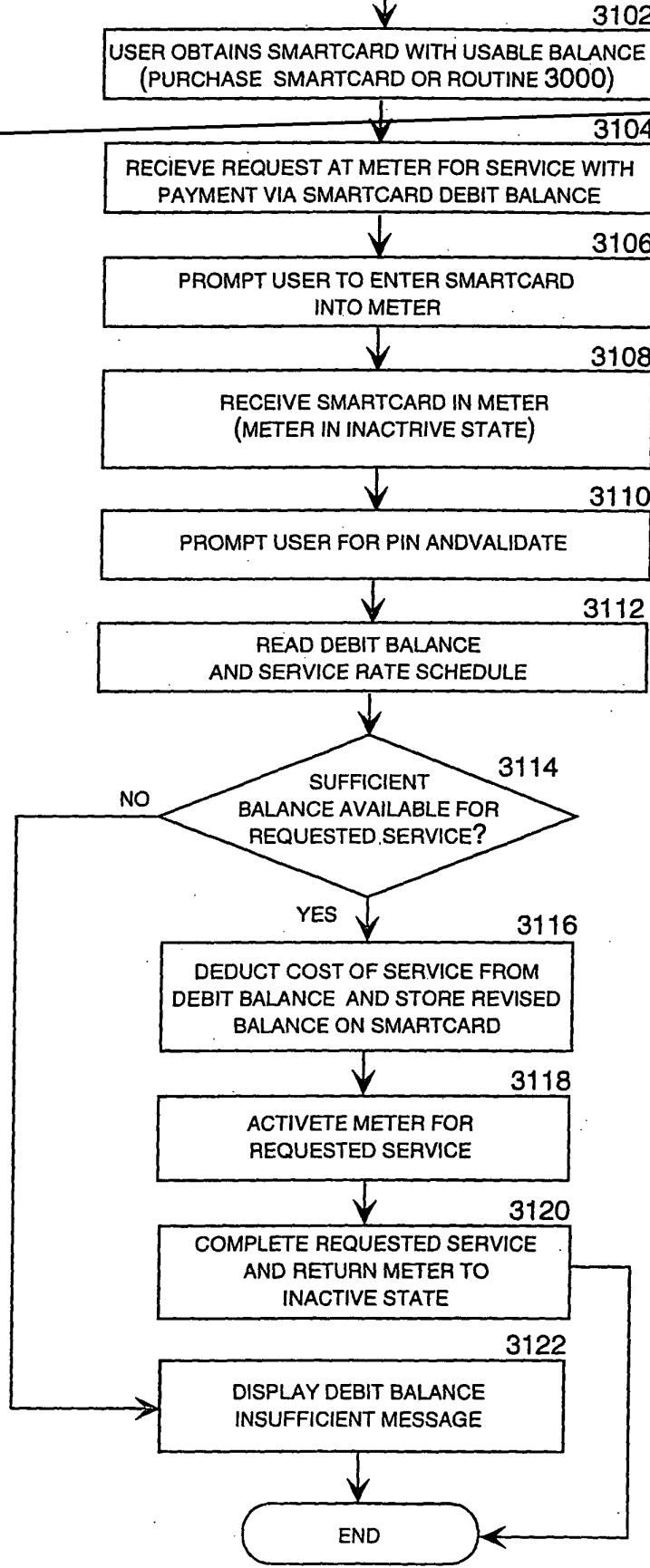


FIG. 30

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BEGIN

USE DEBIT CARD
ROUTINE
3100**FIG. 31**